Normal Childbirth

Position Statement

Introduction
Over the last three decades, care in pregnancy and labour has undergone significant changes. One consequence of these changes has been that midwives, doctors and childbearing women have become more dependent on technology in labour and birth. This is despite recommendations that a greater emphasis should be placed on the social context of childbirth and health. The Royal College of Midwives is concerned about the increasing rise in medical interventions in low risk births. This is demonstrated by the recent statistics, which showed that only around 47% of women in England, 38% in Scotland, and 39% in Northern Ireland now give birth without intervention (BirthChoiceUK; 2004). However, the UK Departments of Health reported a spontaneous delivery rate of 67% in England, and 62.5% in Scotland (DOH; 2003, ISD Scotland; 2004). There are no national figures available on women who give birth with no technological or pharmacological interventions. The potential iatrogenic impact on mothers, babies, families and communities has not been systematically examined (WHO; 1985, Wagner M; 1991, DoH; 2003, Downe S, McCormick, C and Beech B; 2001).

RCM position

- The Royal College of Midwives defines normal childbirth as one where a woman commences, continues and completes labour physiologically at term.

- The College believes that a policy of maximising normal birth in the context of maternal choice is safe. Further, that it offers short and long-term health and social benefits to mothers, children, families, and communities. Such a policy is more likely to succeed if childbirth is placed within a social and family context.

- The majority of women with uncomplicated pregnancies are fit and healthy and have the potential to give birth normally with healthy newborns as the expected outcome. This is best met within a social model of care.

- Midwives are expert professionals skilled in supporting and maximising normal birth and their skills need to be promoted and valued. The role of the midwife is integral to models of care, which promote normality. Maternity Services can enhance midwifery skills and autonomous practice by providing the appropriate practice settings.

- The RCM recommends that maternity service providers review their policies, guidelines, practices and models of care to ensure that they are based on a philosophy committed to maximising normal birth and to ensure that a range of options are available to women.

- The RCM recommends that midwives value, support and develop their own skills and knowledge and those of their colleagues, in the area of normal childbirth.
References and related documents


Information and Statistics Division, Scotland 2004

Royal College of Midwives (1997) Debating Midwifery: Normality in Midwifery. London: Royal College of Midwives


www.birthchoiceuk.com BirthChoiceUK web site

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